

DBP Form 7
Quarterly Report for Daily, Monthly, and Additional Chlorite Monitoring

VIOLATION?: ☐ **CHECK ONE:** ☐ 1st QUARTER (Jan, Feb, Mar) ☐ 2nd QUARTER (Apr, May, June) ☐ 3rd QUARTER (July, Aug, Sep) ☐ 4th QUARTER (Oct, Nov, Dec)

Instructions on Reverse

INSTRUCTIONS FOR COMPLETING

Quarterly Report for Daily, Monthly, and Additional Chlorite Monitoring

1. PWSID #: Enter the Public Water System (PWS) Identification number assigned by CDPHE
2. System Name: Enter legal system name provided to CDPHE when PWSID assigned.
3. Date: Enter the date that the final report is prepared and signed.
4. Treatment Plant Name: Enter the name of the treatment plant from which these results are associated. Be sure the name is consistent with treatment plant name in the monitoring plan.
5. Plant ID #: Enter the plant's location identification number.
6. Prepared By: Print the name of the person completing the form.
7. Authorized Signature: The person that signs the form must be the legal owner or authorized representative of the legal owner. This signature certifies that the information submitted is correct and consistent with the written monitoring plan.
8. Title: Title/position of individual signing the report.
9. Year: Fill in remaining two digits of year. (Note: The year should be representative of the reporting year, which may not always be the year in which the report was prepared.)
10. Violation?: Check only if the system has had a violation during the current reporting quarter.
11. Check One: Check the box for the appropriate reporting quarter.
12. Complete for First Month in Quarter (Month _____), etc.: Fill in the blank for each corresponding month in the quarter.

SPECIFIC FORM INSTRUCTIONS

This form applies to Community and Non-Transient Non-Community systems that treat water with chlorine dioxide anywhere in their treatment process. The form should be used for Chlorite daily entry point monitoring, monthly monitoring and any additional monitoring that may be required due to a daily entry point sample that exceeds the MCL.

The form covers three months in a quarter. Please note that each month in the quarter has a corresponding set of Columns A-E.

13. Column A: Enter daily the concentration of Chlorite in mg/L measured **at the entrance to the distribution system.** If more than one sample is analyzed, enter the average of the results obtained each day.

Note: The remaining columns are to be used for the three-sample set required to be taken monthly in the distribution system. The columns should also be used for any three-sample set that must be taken the day following a daily entry point sample – recorded in Column A - that exceeds 1.0 mg/L. (A certified laboratory must analyze all of the distribution system samples.)

14. Column B: Enter the concentration of Chlorite in mg/L detected in the distribution system **near the first customer.**
15. Column C: Enter the concentration representing **average distribution system residence time.**
16. Column D: Enter the concentration representing **maximum distribution system residence time.**
17. Column E: Enter the average of the three (3) distribution system Chlorite concentrations in mg/L. The average of the distribution system samples is the sum from Columns C, D, and E divided by 3.

Any value that exceeds 1.0 mg/L in this Column E represents a MCL violation and therefore, must be circled and appropriate Department and Public Notification must be followed.

Form submission: The form must be submitted to CDPHE/WQCD by the 10th day of the month following the end of each quarter.

Note: Distribution system Chlorite residuals must be conducted by certified laboratories. Entry Point samples may be conducted by a certified laboratory or a party approved by CDPHE.